TA ETHICS AND

FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board
510 F. 12<sup>th</sup>, Ste. 1A
Dos Moines, lowe 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by now committees 2011 JAN 19 AM 10: 50 state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Fo	· <sup>1</sup>
Reset For	
	FORM
	DR-2 DISCLOSURE
2 )State PAC (3 )State Party	(Rev. 12/2009) REPORT
Board or Other Political Supplying Han	50,040
	Comm #
Delta	Logged In ST
DEMOCE AT applicable)	
The state of the s	Scanned
District (if Senate or House)	Computer
•	Audited
Buant to lowe Code sections G8B.32A(7	) and 68A 401(7) ma
or individual responsible f	or filing timely and accurate reports
	<b> </b>
	1/19/11
TELEPHONE	DATE SIGNED
REPORT FOR (1) ELECTION #2	NON-ELECTION AND -
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	<del></del>
Loc	al Committees, enter Date of Election
Dissolution Form Dp.3	
I COL	inty & Local Committees, enter County in
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of all funds held by the h on hand at the end report filed.)	, <b>s</b> 1.809.47
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Schedule H)  SUB-TOTAL  See debts and loans below)	0.00 20.00 0.00 1.829.47 1.809.47 0.00 20.00
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A) (*also see in-kind below)  Schedule H)  SUB-TOTAL  So see debts and loans below)	0.00 20.00 0.00 1.829.47 1.809.47 0.00 \$ 20.00
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A) (*also see in-kind below)  Schedule H)  SUB-TOTAL  So see debts and loans below)	0.00 20.00 0.00 1.829,47 1.809,47 0.00 \$ 20.00 \$ 0.00 \$ 0.00 \$ 0.00
	Dissolution Form DR-3.

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR LACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

	COMMITTEE NAME (Must be same as on	Statement of Organization
Į	COMMITTEE TO BE ASSESSED.	9 12 17

COMMITTEE TO ELECT WES WHITEAD

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WIOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMÕUNT EXPENDED
10/11/2010	ID# CK#1210	TRUMAN FUND 5661 FLEUR DRIVE DES MOINES, IA 50321	CONTRIBUTION	<b>s</b> 1,809.47
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			\$UB-TOTAL	\$ 1,809,47
			TOTAL (if last page of this schedule)	\$ 1,809.47

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY
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Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expanditure made by the person/ontity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A 402(3)(i).)

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Page	<u> </u>	of	1

	TO ELECT WES WHITEAD		(Rev 02/08) RECĘ & REP
TE: This sched	dule reports money loaned to the committee which is deposited.  OANS FROM <u>LAST</u> REPORTING PERIOD \$ 0.00	in the committee account.	AMENDING FOR
RT I - MONET (Origina	ARY LOANS RECEIVED THIS REPORTING PERIOD isource of loan, such as a bank, must be shown if a third party	is involved linclude loans from ca	andidate's personal tunde
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Namo, if Applicable)	RELATIONSHIP TO	AMOUNT OF LOW
09/10/10		CANDIDATE (If Applica	\$ 00.00
with our su			
·		WAALA ALL	
		WINAM SALA	
RT II - MONET	ARY LOAN REPAYMENTS MADE <u>IHIS</u> REPORTING PERIO orgiven must be reported an Schedulc E In-kind Contribution	TOTAL (PART I)	s 20.00
DATE PAID T	ARY LOAN REPAYMENTS MADE IHIS REPORTING PERIO orgiven must be reported on Schedulc E In-kind Contributions NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D RELATIONSHIP TO	AMOUNT OF FAIR
DATE PAID	NAME AND ADDRESS OF LENDER	D 5.)	AMOUNT OF FAIR
DATE PAID	NAME AND ADDRESS OF LENDER	D RELATIONSHIP TO	AMOUNT REPAID
RT II - MONET (LOBIS S DATE PAID MM/DD/YR)	NAME AND ADDRESS OF LENDER	D RELATIONSHIP TO	AMOUNT REPAID
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DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	D RELATIONSHIP TO	AMOUNT REPAID